

State of Maine
Office of the State Controller
Payroll Division

Document I.D.									
PV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LOS	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Agency			Mo.					
Office of the State Controller _____									
For Bureau of Accounts and Control Use									

Replacement for Lost or Damaged Check

TO: Treasury
by 12:00 p.m.

Please issue a check to the individual named below. Amount: \$ _____

Accounting Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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8	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0	0	9	3
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Fund Agency Orgn B/S Acct

Check Category PY

Check Distribution Pick up in OSC-Payroll
 Mail to Agency Payroll Clerk
 Mail Directly to Employee

<input type="text"/>
<input type="text"/>
<input type="text"/>

Address: _____

Processing Company Name _____ Number _____

Employee Name _____ SSN _____

Payroll Clerk _____ Date _____

Authorizing Official _____ Phone No. _____

Information on check to be replaced:

Check # _____ Check Date _____ Check Amount _____

Reason:

<input type="checkbox"/>
<input type="checkbox"/>

 LOST
DAMAGED (Check Attached)

A CASH RECEIPT FORM (CR) and the CHECK being replaced
(if the reason for replacement is a damaged check) must be attached to the
Original plus two copies of this form. Treasury will forward to the Office
of the State Controller Payroll Division before 2:00 p.m. for processing.